

Donor Advised Fund Change Form



CURRENT DONOR CONTACT INFORMATION

Check here if contact information does not change
 Check here if new contact information and fill in below

| | | | |
|------------|-------|-----------|---------|
| First name | | Last name | |
| Fund name | | | Fund ID |
| Email | | Phone | |
| Address | | | |
| City | State | Zip Code | |

Please select one choice below (ADD or REMOVE):

| | | |
|--|--|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> AUTHORIZE GRANTING PRIVILEGES | <input type="checkbox"/> REMOVE (terminate all fund access) |
| <input type="checkbox"/> Donor-Advisor | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Committee Member |
| <input type="checkbox"/> Successor Advisor | <input type="checkbox"/> Committee Spokesperson | <input type="checkbox"/> Interested Party |

NOTE: If removing financial advisor, must add new financial advisor in next section.

| | | | |
|------------|-------|-----------|---------|
| First name | | Last name | |
| Fund name | | | Fund ID |
| Email | | Phone | |
| Address | | | |
| City | State | Zip Code | |

| | | |
|--|--|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> AUTHORIZE GRANTING PRIVILEGES | <input type="checkbox"/> REMOVE (terminate all fund access) |
| <input type="checkbox"/> Donor-Advisor | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Committee Member |
| <input type="checkbox"/> Successor Advisor | <input type="checkbox"/> Committee Spokesperson | <input type="checkbox"/> Interested Party |

| | | | |
|------------|-------|-----------|---------|
| First name | | Last name | |
| Fund name | | | Fund ID |
| Email | | Phone | |
| Address | | | |
| City | State | Zip Code | |

Change Fund name to the following:

| |
|---------------|
| OLD Fund Name |
| NEW Fund Name |

NOTE: Must have either Successor Advisor or Disposition Plan, but not both.

Change Fund Disposition Plan to the following:

I/We recommend the Fund to continue on and making grants annually to the following charitable organizations (please describe/attach additional information if needed)

I/We recommend the Fund to terminate and the proceeds to be granted to the following charitable organizations (please describe/attach additional information if needed)

I/We recommend the following customised disposition plan for the fund (please describe/attach additional information if needed)

Signature(s) (Must be signed by each Donor-Advisor on fund)

| | |
|-------------------------|------|
| Donor-Advisor Signature | Date |
|-------------------------|------|

| | |
|-------------------------|------|
| Donor-Advisor Signature | Date |
|-------------------------|------|

Please remit
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